

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028944

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 360

FILED JUL 29 1963

## 1. PLACE OF DEATH

a. COUNTY

Jasper

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Joplin

Length of stay in lb

Yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTIONGrandview Rest Home-  
23rd & Grand

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jasper

c. CITY  
OR  
TOWN

Joplin

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

1208 Wall Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
BERTHAMiddle  
ANNLast  
WELLINGTON4. DATE  
OF  
DEATHMonth Day Year  
July 22, 1963

## 5. SEX

F

## 6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

5-16-1887

## 9. AGE (last birthday)

76

## 10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

## 10b. KIND OF BUSINESS OR INDUSTRY

Home

## 11. BIRTHPLACE (City and state or country)

Howard, Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Unk

## 13b. MOTHER'S MAIDEN NAME

Unk

14. NAME OF HUSBAND OR WIFE  
Fred L. Wellington, 8-27-50

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

17. INFORMANT Nephew-  
Victor W. Trease, Rt. 5, Joplin, Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

## DUE TO (b)

## DUE TO (c)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.Arteriosclerosis and  
myocardial infarction  
Generalized

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Small cerebral artery stenosis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐☐☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from November 19, 1958 July 22, 1963 and last saw her alive on July 5, 1963  
Death occurred at 9:30 am on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE (Degree of Title)

Doctor

## 22b. ADDRESS

2125 Jackson Ave. Joplin, Mo.

## 22c. DATE SIGNED

7-23-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

7-24-1963

## 23c. NAME OF CEMETERY OR CREMATORY

Osborne Memorial,

## 23d. LOCATION (City, town, or county)

Joplin, Missouri

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

STEVE PARKER MORTUARY, JOPLIN, MISSOURI

## 25. DATE RECD. BY LOCAL REG.

7-26-1963

## 26. REGISTRAR'S SIGNATURE

Dove Merriam

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 5193

P. O. Address Applia, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING: (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.